| Volunteer Application for Natural Resources Agencies | | | Instructions: Mark in the appropriate boxes, for other items either print or type responses. If extra space is needed use item 19. | | | |
|--|-------|-------------------|---|----------|----------------------------------|--|
| 1. Name (Last, First, Middle) | | 2. Age | 3. Telephone Number | | 4. Email Address | |
| | | | | | | |
| 5. Street Address (include apartment no., if any |) | | 6. City, State, and Zip | Code | | |
| | | | | | | |
| 7. Which general volunteer work categories are | you m | ost interested in | n? | | | |
| Archeology | | torical/Preserva | | | l/Watershed | |
| ☐ Botany | | st/Disease Conf | trol | | ber/Fire Prevention | |
| Campground Host | _ | nerals/Geology | | _ | il/Campground Maintenance | |
| Construction Maintenance | _ | tural Resources | s Planning | | ır Guide/Interpretation | |
| Computers | _ | ice/Clerical | | _ | tor Information | |
| Conservation Education | | nge/Livestock | | U Oth | er (Please specify) | |
| Fish/Wildlife | | search/Librariar | | | | |
| 8. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work? | | | | | | |
| Backpacking/Camping | He | avy Equipment | Operation | ∐ Sig | n Language | |
| ☐ Biology | | rses - Care/Ridi | = | ∐ Sup | pervision | |
| ☐ Boat Operation ☐ | | ndscaping/Refo | restation | U Oth | er Trade skills (Please specify) | |
| ☐ Carpentry ☐ | | nd Surveying | | | | |
| Clerical/Office Machines | | estock/Ranchin | g | | | |
| Computer Programming | | p Reading | | | aching | |
| · Drafting/Graphics | | untaineering | | | rking with People | |
| ☐ Driver's License ☐ | | otography | | | ting/Editing | |
| First Aid Certificate | | blic Speaking | | ∐ Oth | er (Please specify) | |
| ☐ Hand/Power Tools | | search/Librariar | | | | |
| Based on boxes checked in items 7 and 8, what particular type of volunteer work would you like to do? (Please describe any specific qualifications, skills, experience, or education that apply) | | | | | | |
| | | | | | | |
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| | | | | | | |
| 10. Are you a United States Citizen? | es [| No (If no, | additional information m | nav be r | equired) | |
| 11. a. Have you volunteered before? | | No (a a a) | | | | |
| b. If Yes, please briefly describe your volunt | | | | | | |
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| 3 | | | | | | |
| 12. Would you like to supervise other volunteers? | | | | | | |
| 13. What are some of your objectives for working as a volunteer? (Optional) | | | | | | |
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| | | | | | | |
| 14. Please specify any physical limitations that may influence your volunteer work activities: | | | | | | |
| | | | | | | |
| | | | | | | |

| 15a. Which months would you be available for volunteer work? | | | | | | |
|---|--|--|--|--|--|--|
| January February March April May Ju | ne | | | | | |
| ☐ July ☐ August ☐ September ☐ October ☐ November ☐ De | cember | | | | | |
| 15b. How many hours per week would you be available for volunteer work? Hours | | | | | | |
| 15c. Which days per week would you be available for volunteer work? | | | | | | |
| ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ | Sunday | | | | | |
| 16. Specify at least three states or specific locations within a state where you would like to do volunteer work. | | | | | | |
| | | | | | | |
| 17. Specify your lodging needs: | | | | | | |
| I will furnish my own lodging (such as tent; camper; own, relative's, or friend's place) | | | | | | |
| I will require assistance in finding lodging | | | | | | |
| 18. If a volunteer assignment is not available at the location specified in Item 16, do you want your application forwarded to another location or Federal agency seeking volunteers with your backgrounds/interests? | | | | | | |
| Yes No (Please specify) | | | | | | |
| 19. This is provided for more detailed responses. Please indicate the item numbers to which these responses apply: | | | | | | |
| | PP1). | | | | | |
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| Burden Statement | | | | | | |
| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. | | | | | | |
| searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of i | ving instructions, | | | | | |
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